02/05/07



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TDANOMITTAL		Filing Date		<del></del>	
TRANSMITT	First Named Inventor		December 2, 2004		
FORM				Hisao Sato	
		Art Unit		2826	
(to be used for all correspondence after	Examiner Name		T. N. Tran		
Total Number of Pages in This Submission 10		Attorney Docket Number		08228/061001	
EN	CLOSURES	Check all	that apply	)	
Fee Transmittal Form	Drawing(s)			After Allowance Communication to TC	
Fee Attached	Licensing-related Papers			Appeal Communication to Board of Appeals and Interferences	
X Amendment/Reply	Petition			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
After Final	Petition to Convert to a Provisional Application			Proprietary Information	
Affidavits/declaration(s)		ney, Revocation respondence		Status Letter	
Extension of Time Request	Terminal Disc	claimer	. [	X Other Enclosure(s) (please Identify below):	
Express Abandonment Request	Request for	Refund		Amendment Transmittal (1 page) IDS (Citation) by Applicant	
X Information Disclosure Statement	CD, Number			(1 reference) (1 page) References enclosed (1) Certificate of Express Mailing (1 page)	
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
Firm Name OSHA · LIANG LLP					
Signature + + + + + + + + + + + + + + + + + + +					
Printed name Jonathan P. Osha THOMAS SCHEEP					
Date February 2, 2007			Pog No	33,986	



AMEN	NDMENT T	ΓRANSMI	TTAL LE	TTEI	R	Docket No. 08228/06100	
Application No. Filing Date 10/516,703-Conf. #6746 December 2, 2004		Date	Examiner T. N. Tran		Art U	nit	
Applicant(s): Hisao Sato et al.							
Invention: GALLIUM NITRIDE COMPOUND SEMICONDUCTOR DEVICE AND MANUFACTURING METHOD							
TO THE COMMISSIONER FOR PATENTS							
Transmitted here					lication.		
The fee has been	calculated an		S AS AMENI				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present		Rate		
Total Claims	21	- 21 =	0	х	25.00	0.00	
Independent Claims	2	- 3 =	0	х	100.00	0.00	1
Multiple Depend	lent Claims (ch	eck if applicabl	le)				
Other fee (please specify):							
TOTAL ADDIT	IONAL FEE FO	OR THIS AME	NDMENT:			0.00	$\dashv$
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Please charge Deposit Account No in the amount of \$  A duplicate copy of this sheet is enclosed.							
A check in the amount of \$ to cover the filing fee is enclosed.							
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as described below. A duplicate copy of this sheet is enclosed.  x Credit any overpayment.							
x Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.							
#45,079 Dated: February 2, 2007							
A Jonathan P. Osha Thomas scherer Attorney/Agent Reg. No.: 33,986							
OSHA · LIANG LLP							
1221 McKinney St., Suite 2800 Houston, Texas 77010							
(713) 228-8600							



Application No. (if known): 10/516,703

Attorney Docket No.: 08228/061001

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